MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-031042

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 87

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1070
2 1141
3 2
4 0
5 1
6
7 0
8 0
9 331 X
10
11
12 1-c
13 4-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

FILED AUG 5 1963

1. PLACE OF DEATH
a. COUNTY Texas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HOUSTON
Length of stay in 1b 6 hrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TEXAS CO. HOSPITAL
Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY WRIGHT
c. CITY OR TOWN MTN. GROVE
Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) D HIGHWAY
Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First RALPH Middle E. Last POINTER

4. DATE OF DEATH Month aug Day 2 Year 1963

5. SEX MALE
6. COLOR OR RACE WHITE
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH OCT 2, 1884
9. AGE (last birthday) 78
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY FARM
11. BIRTHPLACE (City and state or country) BRECKENRIDGE, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME LEWIS POINTER
13b. MOTHER'S MAIDEN NAME LULA WILSON
14. NAME OF HUSBAND OR WIFE ETTA CHANCLOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates o
16. SOCIAL SECURITY NO.
17. INFORMANT WALTER POINTER Address CABOOL, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 8 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug. 1962 to Aug 2, 63 and last saw her him alive on 8/2/63
Death occurred at 4:30A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. L. Agnew M.D.
22b. ADDRESS Cabool, Mo
22c. DATE SIGNED 8/3/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9/3/1963
23c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
23d. LOCATION (City, town, or county) (State) Mtn. Grove Mo.

24. FUNERAL DIRECTOR ADDRESS Barber Funeral Home Mtn. Grove, Mo.
25. DATE RECD. BY LOCAL REG. 8-3, 63
26. REGISTRAR'S SIGNATURE Myrtle Craig

(Licensed Embalmer's Statement on Reverse Side)

AUG 8 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed George Stapp

Licensed Embalmer No. 3161

P. O. Address Mt. Airy, MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.